CITY OF BEAUFORT BUSINESS LICENSE APPLICATION

Phone 843/525-7025
FAX: 843/470-3517

1911 Boundary St.
Beaufort, SC 29902

jrose@cityofbeaufort.org
ajohnson@cityofbeaufort.org

Application Date: _____ Date Business Started: _____ In City? Y / N

Name of Business: _____ Owner's Name: _____

Physical Address of Business: _____

Mailing Address (if different than above): _____

Owner's Address (if different than above): _____

Landlord / Lessor - Name/Address (In-City Business): _____

Business Phone: _____ FAX: _____ Emergency/Cell Phone: _____

Email: _____

Type of Business: __ Single Proprietorship __ Partnership
__ Incorporated __ Limited Liability Company

Federal Tax ID # _____ State Sales Tax # _____ Social Security # _____

CLASSIFICATION OF BUSINESS:
__ Retail Sales __ Service(professional/personal)
__ Restaurant/Bar __ Service/Repair (construction trades) __ Construction
__ Sexually Oriented __ Hotel/Motel/Inn/B&B
__ Other: _____

OUT OF CITY BUSINESS ONLY: Estimated inside City of Beaufort *gross revenue* for the current year _____

CONSTRUCTION TRADES ONLY (List applicable SC State Licenses/Registration Numbers)

SC Residential Home Builders or Specialty Lic # _____ _____
work classification on registration

SC General Contractor Lic # _____

SC Mechanical License # _____ _____
work classification on registration

Explain product(s) to be sold and/or services to be provided (in detail): _____

_____

***Copy** of **DHEC Health Certificate** required for all food preparation businesses and/or **S.C. State retail license** if applicable.

I certify that all information given on this application is true and correct.

_____

Signature **Print Name** **Title** **Date**

Official Use Only: _____ Owner/ Change of Information

Account Number _____ NAICS _____ TYPE _____ CODE _____ ID _____